of Ayurvedic, Siddha and Unani drugs which will certify the quality of Ayurvedic/Herbal drugs.

(iv) Ayurvedic formulary and Pharmacopoeia have been published to bring uniformity and quality standard of Ayurvedic medicines.

(v) Medicinal Plants Board has been established to facilitate availability of Quality raw drugs for domestic and export products.

(vi) Market survey abroad has been supported.

(vii) Industry has been encouraged to participate in fairs and exhibitions abroad.

(viii) Government have also sent delegations abroad to help propagate our systems and drugs.

**Effect on rural health system due to migration of Doctors**

4133. SHRI KALRAJ MISHRA: will the Minsiter of HEALTH AND FAMILY WELFARE be pleased to state:

(a), whether due to migration of doctors to bigger cities the rural health system has been badly affected in the country;

(b) if so, whether the primary health centres are not effectively functioning in the rural areas of the country;

(c) whether Government in consultation with the State Governments proposed to strengthen the primary health centers in the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Government is aware of the gaps and shortages in the availability of trained health care providers in the primary health infra-structure in rural areas. There are many reasons for these shortages:

(i) Medical officer/specialists/trained health care providers are reluctant to serve in far-flung remote rural areas, the reason being lack of support system in these areas. Recruitment and postings of health personnel in health care institutions is the responsibility of respective state governments. However, this Ministry of Health and Family Welfare has been advising the state governments from time to time to see to it that vacancies are filled up on priority basis.

(ii) State Governments do not give this item the priority due to it, and so recruitment and deployment as well posting of existing staff is often relegated to the background. This leads to a vicious circle, people get further discouraged and the shortages persist.

(c) and (d) Government is taking steps to help State governments to improve the functioning of primary health care institutions in the country:

(i) Under the State health system Projects, the Community Health Centres and district Hospital are being upgraded and better equipped so that quality of care in the provisioning of health services to people in rural and backward areas, receives a thrust.

(ii) The **Pradhan Mantri Gramodaya Yojana,** provides financial assistance, especially towards repairs and renovation of the public health infrastructure, purchasing of drugs and essential consumables, and towards contingencies.

(iii) **Area Development Projects** are also being implemented with financial assistance from external agencies for strengthening of health and family welfare infrastructure. One of the main activities of Area Projects includes construction of buildings for sub-centres, primary health centres and community health centres.

(iv) Under the **Reproductive and child Health Programme,** the following steps are being taken to strengthen the primary health services in the country:

* Major Civil Works are saanctioned for the repair/construction of Operation Theatre/Labour Room.

* Provision of equipments/medicine for emergency, obstetrics at selected first referral units.

* Financial assistance for making contractual appointments/hiring of anesthetists/Gynaecologists/Safe Motherhood Consultants/Staff Nurses/Lab. Technician/Additional Auxillary Nurse Midwives (ANM) etc.

* Skill based in-service training for capacity building of Doctors, ANMs and other health functionaries.

* Efforts are also being made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health (RCH) camps etc.

(v) In order to facilitate the preparation of area specific programme with special emphasis on States' data even lagging behind in containing population growth to manageable limit, an Empowered Action Group (EAG) has been constituted. The group will involve voluntary associations, community organisations and Panchayati Raj Institutions to achieve it aim. It will also explain the possibility of expanding the scope of social marketing contraceptive in a manner that makes them easily accessible even while raising awareness level.

**Implementation of NFWP**

4134. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether government have been monitoring the implementation of National Family Welfare Programme in the country;

(b) if so, whether it is a fact that some State Governments have failed to implement the NFWP effectively during the past few years;

(c) if so, the reasons therefor; and

(d) the details of guidelines issued by Government to State Governments to effectively implement the Scheme/Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) yes, Sir.

(b) and (c) For the country as a whole the achievements under the "National Family Welfare Programmes" have been quite substantial. Some States/UTs like Goa, Nagaland, Delhi, Kerala, Pondicherry, Andaman and Nicobar Islands, Tamil Nadu, Chandigarh and Mizoram have already achieved goals set for the year 2010 and States/UTs like Manipur, Daman and Diu, Karnataka, Andhra Pradesh, Himachal Pradesh, Sikkim, West Bengal, Maharashtra, Punjab, Arunachal Pradesh and Lakshadweep are close to achieving the goals. However, other States are lagging behind primarily on account of slow achievements of socio-economic indicators.

(d) The State Governments have been advised to prepare firm and detailed action plan taking into account the ground realities and their area specific problems (region-wise/district-wise) for effective implementation of family welfare programmes. The State Governments have also been advised to formulate State population Policy with state specific strategies while maintaining the general spirit of National Population Policy, 2000 and also